STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	N	Office use only
NAME OF COMMITTEE (in f	(Check if name Exan ull) is changed) over	nple: If typying, type the lines	1 1 1 1
NMPAC			
ADDRESS (www.housele	101 Constitution Ave, NW		
ADDRESS (number and street) (Check if address is changed)	Suite,705 East		
	Washington	pc pc	20001 -
	CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail addre	ess)	
(Check if address is changed)	jmarotta@nmpa.org		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00	412619	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and	d belief it is true, correct and complete	
Type or Print Name of	Treasurer Alfred Pedecine		
Signature of Treasurer	Electronically Filed by Alfred Pedecine	Date	03 / 25 / 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the		
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)